

**Indiana Auditor of State****[CIVP]****POCLAIMS  
PARTIAL PAYMENTS****P.O. PAYMENTS****Due to Service Center, Room 234.****| | W-9 Form (s) Enclosed****AGENCY INFORMATION**

<b>Requestor</b>	<b>File ID</b>	<b>Date</b>
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**DISKETTE INFORMATION**

<b>Agency Number</b>	<b>Sys ID</b>	<b>Description</b>
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**P C**

<b><u>Number of Invoices</u></b>	<b><u>Batch Total Amount</u></b>
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<b><u>New Number of Invoices (AUDITOR USE ONLY)</u></b>	<b><u>New Batch Total Amount (AUDITOR USE ONLY)</u></b>
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**AGENCY CONTACT INFORMATION**

If any problems with the file or balancing occur, the following individuals can be contacted:

<b>Contact Name</b>	<b>Telephone #</b>
<b>Contact Name</b>	<b>Telephone #</b>

**AUDITOR OF STATE INFORMATION**

<b>LOG-IN</b>	<b>LOG-OUT</b>	<b>AGENCY complete if date other than system date</b>
<b>Date Received</b>	<b>Date Returned</b>	<b>Warrant Date</b>

**COMMENT SECTION - to be used if agency contacted.**

<b>Name of person called</b>	<b>Telephone #</b>	<b>Date Called</b>
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Agency verbal instructions Processing requirements for this program are as follows: Partial Payment Form (SF12537) or PO Final Receiver (SF21303), and Total Transaction Sheet to be placed within an Interdepartmental Mail Envelope (State Form 3 or equal) with this cover sheet taped to the outside of the envelope (the tie-down flap MUST be exposed) Additional copies of these documents are not required under this program.

